



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

BALLOT QUESTION COMMITTEE  
COVER PAGE

FILED  
06 AUG 10 PM 4:31  
CARIELLA SABAUGH  
MACOMB COUNTY CLERK  
MT. CLEMENS, MICHIGAN

Report must be legible, typed or printed in ink and signed by the treasurer or designated record keeper.

FOR OFFICIAL USE ONLY

1. Committee I.D. Number <b>137553</b>		3. This Statement covers From: <b>1/1/06</b> To: <b>4/16/06</b> <small>Mo Day Year Mo Day Year</small>	
2. Committee Name <b>EXCELLENCE IN EDUCATION</b>		4. Committee's Mailing Address <b>30693 TENNESSEE ROSEVILLE, MI 48066</b> Area Code and Phone ( ) <b>586-296-7374</b> <small>If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.</small>	
5. Treasurer's Name and Residential Address <b>LORI COOK</b> <b>30695 TENNESSEE; ROSEVILLE, MI 48066</b> Area Code and Phone ( ) <b>586-296-7374</b>			
6. Treasurer's Business Address  Area Code and Phone ( )		7. Designated Record Keeper's Name and Mailing Address <small>(If the committee has a Designated Record Keeper)</small>  Area Code and Phone ( )	
8. TYPE OF STATEMENT: 8a. <input checked="" type="checkbox"/> PRE-ELECTION OR 8b. <input type="checkbox"/> POST-ELECTION  Pre-Election or Post-Election Statement relates to: <input type="checkbox"/> PRIMARY <input type="checkbox"/> GENERAL <input checked="" type="checkbox"/> SCHOOL <input type="checkbox"/> SPECIAL  Date of Election: <b>5 - 2 - 06</b> <small>Month Day Year</small>		8c. <input type="checkbox"/> ANNUAL STATEMENT ( Coverage Year)  8d. <input type="checkbox"/> QUALIFICATION OR <input type="checkbox"/> NON-QUALIFICATION STATEMENT (Required of State-wide Ballot Question Committees Only)  Date of Qualification or Non- Qualification: _____ <small>Month Day Year</small>	
		8e. <input checked="" type="checkbox"/> AMENDMENT TO CAMPAIGN STATEMENT <small>(Complete Item 8a, 8b, 8c 8d, or 8f to          indicate which Statement is being amended)</small>  8f. <input type="checkbox"/> DISSOLUTION OF COMMITTEE  Effective Date of Dissolution _____ <small>Month Day Year</small>  By checking this item, I certify that the committee has no assets or outstanding debts, including late filing fees. Note: The disposition of residual funds must be reported on Schedule 4B and the Summary Page.	
A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures and outstanding debts count against the \$1,000 Reporting Waiver threshold.  If any of the information listed in items 4, 5, 6, or 7 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement can not be waived.			
9. Verification: I certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my knowledge and belief the contents are true, accurate and complete.			
Current Treasurer or Designated Record Keeper <b>LORI M. COOK</b> <small>Type or Print Name</small>		<b>Lori M Cook</b> <small>Signature</small>	
		Date <b>8-10-06</b> <small>Month Day Year</small>	



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

FUND RAISER  
SCHEDULE 4F  
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 137553  
2. Committee Name EXCELLENCE IN EDUCATION

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held <u>1/1/06</u> — <u>4/16/06</u> Month Day Year	4. Number of Individuals Attending or Participating (whichever is greater) <u>20</u>	5. Type of Fund Raising Activity <u>PIN SALES</u>	6. Address and Name (If any) of the place where the activity was held <u>ROSEVILLE SCHOOL DISTRICT</u> <input type="checkbox"/> Private Residence
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7. Total Contributions \$ 200.00

8. Other Receipts \$ —

9. Gross Receipts \$ 700.00  
(Add lines 7 and 8)

10. Total Cost of Event \$ 383.89

\*Includes In-Kind Contributions and All  
Expenditures Made For the Event

11. ☐ Check if event was a joint fund raiser and complete the following:

Co-Sponsor(s)	Contribution Split (%)	Expenditure Split (%)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.

- Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (4A), Itemized In-Kind Contributions Schedule (4-1K), Itemized Expenditures Schedule (4B) and the Summary Page.
- Each committee that participated in a joint fundraiser must file a Fund Raiser Schedule for the event.

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